



## Estimated Budget

<b>1. Income</b>	<b><u>MONTHLY AMOUNT</u></b>	<b><u>ACTUAL MONTHLY SPENDING</u></b>	<b><u>DIFFERENCE</u></b>
Net wages*, husband	_____	_____	_____
Net wages*, wife	_____	_____	_____
Dividends	_____	_____	_____
Interest earned	_____	_____	_____
Net rents	_____	_____	_____
Net business income	_____	_____	_____
Pensions/retirement	_____	_____	_____
Other: _____	_____	_____	_____
<b>Total Income:</b>	_____	_____	_____

\* Net wages are gross wages minus Federal, state and local income tax, and social security.

### **2. Giving**

Church	_____	_____	_____
Other: _____	_____	_____	_____
<b>Total Giving:</b>	_____	_____	_____

### **3. Savings**

Permanent Savings	_____	_____	_____
Temporary Savings	_____	_____	_____
Retirement Savings	_____	_____	_____
<b>Total Savings:</b>	_____	_____	_____

### **4. Housing**

Rent or mortgage	_____	_____	_____
Property taxes	_____	_____	_____
Property insurance	_____	_____	_____
Electricity	_____	_____	_____
Heating/gas	_____	_____	_____
Water	_____	_____	_____
Garbage service	_____	_____	_____
Cable TV	_____	_____	_____
Telephone	_____	_____	_____
Cleaning	_____	_____	_____
Repairs/maintenance	_____	_____	_____
Supplies	_____	_____	_____
Improvements	_____	_____	_____
Furnishings	_____	_____	_____
Other: _____	_____	_____	_____
<b>Total Housing:</b>	_____	_____	_____



	<u>MONTHLY AMOUNT</u>	<u>ACTUAL MONTHLY SPENDING</u>	<u>MONTHLY AMOUNT</u>
<b>5. Food</b>			
Groceries	_____	_____	_____
Eating Out	_____	_____	_____
School Lunches	_____	_____	_____
Other: _____	_____	_____	_____
<b>Total Food:</b>	_____	_____	_____
<b>6. Clothing/Grooming</b>			
Purchases	_____	_____	_____
Cleaning	_____	_____	_____
Hair care	_____	_____	_____
Toiletries/cosmetics	_____	_____	_____
<b>Total Clothing:</b>	_____	_____	_____
<b>7. Transportation</b>			
(car payment in Debt Payment)			
Gas and oil	_____	_____	_____
Automobile insurance	_____	_____	_____
Licenses/registration	_____	_____	_____
Parking and tolls	_____	_____	_____
Public transportation	_____	_____	_____
Other: _____	_____	_____	_____
<b>Total Transportation:</b>	_____	_____	_____
<b>8. Medical</b>			
Doctor	_____	_____	_____
Dentist	_____	_____	_____
Prescriptions	_____	_____	_____
Glasses	_____	_____	_____
Health insurance	_____	_____	_____
Other: _____	_____	_____	_____
<b>Total Medical:</b>	_____	_____	_____
<b>9. Children</b>			
School Tuition	_____	_____	_____
Allowances	_____	_____	_____
Tutoring	_____	_____	_____
Music/dance lessons	_____	_____	_____
Tennis/sports	_____	_____	_____
Baby-sitting	_____	_____	_____
Other: _____	_____	_____	_____
<b>Total Children:</b>	_____	_____	_____



	<u>MONTHLY AMOUNT</u>	<u>ACTUAL MONTHLY SPENDING</u>	<u>DIFFERENCE</u>
<b>10. Debt Repayment</b>			
<b>Total from Debt List:</b>	_____	_____	_____
<b>11. Insurance</b>			
Life Insurance	_____	_____	_____
Disability	_____	_____	_____
Other: _____	_____	_____	_____
<b>Total Insurance:</b>	_____	_____	_____
<b>12. Recreation</b>			
Adult allowances	_____	_____	_____
Vacations	_____	_____	_____
Magazines/newspapers	_____	_____	_____
Books/tapes/records	_____	_____	_____
Subscriptions	_____	_____	_____
Hobbies	_____	_____	_____
Entertainment	_____	_____	_____
Pets (vet, license)	_____	_____	_____
Other: _____	_____	_____	_____
<b>Total Recreation:</b>	_____	_____	_____
<b>13. Gifts</b>			
Christmas	_____	_____	_____
Birthdays	_____	_____	_____
Anniversaries	_____	_____	_____
Weddings/showers	_____	_____	_____
Graduations	_____	_____	_____
Office gifts	_____	_____	_____
Other: _____	_____	_____	_____
<b>Total Gifts:</b>	_____	_____	_____
<b>14. Other Personal/Business</b>			
Clubs, union, dues	_____	_____	_____
Accounting/legal	_____	_____	_____
Financial Services	_____	_____	_____
Other: _____	_____	_____	_____
<b>Total Other Personal/ Business:</b>	_____	_____	_____
<b>Total Spending:</b>	_____	_____	_____
<b>Net Margin/Deficit:</b>	_____	_____	_____